# Medical Reengineering Initiative (MRI)

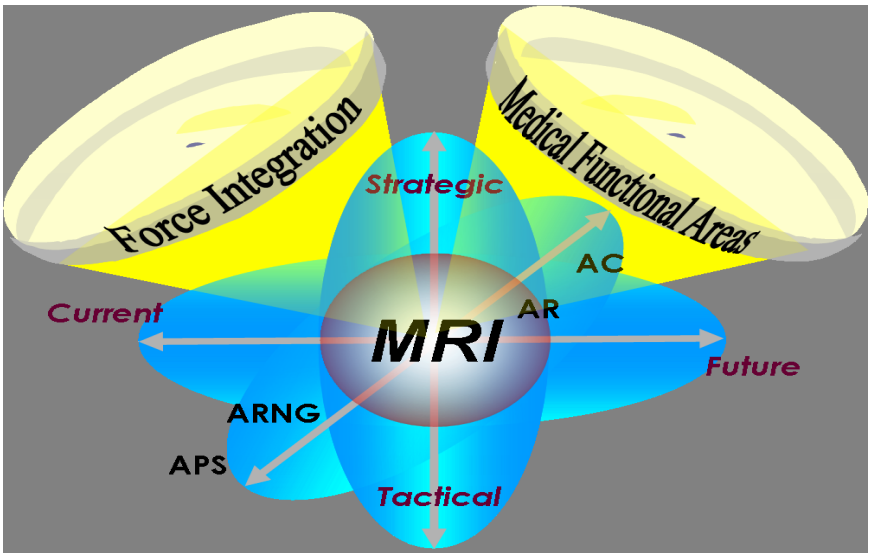
Newsletter, Issue 4 - October 2004

## *Director's Corner*

*By Colonel Angel L. Lugo,*
*MRI Program Director*

As FY 05 begins, we launch our fourth quarterly MRI Newsletter with as much enthusiasm as our first newsletter and provide you with our recurring columns, updated references, and several important feature articles. Our spotlight series continues to feature the duties and responsibilities of the Medical Organizational Integrators (Med OI) by highlighting the duties of the Forces Command (FORSCOM) Med OI. We also introduce a serial column on the nine pillars of force integration with a focus on Stationing; subsequent issues will incrementally discuss the other pillars. In addition, we provide you an excerpt on "modularizing the force" from the Army Medicine White Paper which describes how Adaptive Medical Increments (AMI) build on the modular MRI organizations. Also, note the debut of the special chart on the right which attempts to describe the multi-faceted MRI spheres of integration. MRI implements the force design update across all Army components, focuses on units from the tactical to the strategic, serves as the bridge from the current to future force, and manages the entire process through the prisms of the pillars force integration and medical functional areas. As COL Schmidt departs our staff, he provides a poignant, yet instructive, farewell column introducing his replacement (MAJ Weingarten) and describing the "value-add" of the MRI team. On behalf of the entire MRI staff, I thank him for his tremendous contributions to the MRI efforts and look forward to working with him in his new job at AR-MEDCOM. We also welcome LTC Vikki Stocker as our Deputy Program Director and Health Services Materiel Staff Officer. The MRI staff, including our new officers, fully appreciates that our units continue to transform while fighting the Global War on Terrorism. Our staff vows to work even harder to manage the program implementation with the unit needs at the heart of the process. Finally, congratulations to the 32 units that converted or activated in September 04; this was the greatest number of units ever undergoing MRI actions in a single month. Our overall program completion is now at 45% and leads us to another busy year in implementing the AMEDD's spearhead of transformation.

MRI Strategic Planning Integration Model




## *MRI Program Implementation Office Mission*

The chartered mission of the MRI Program Implementation Office is to provide Department of the Army staff oversight to the force integration efforts and program management functions of converting the Army's Echelons Above Division and Echelons Above Corps combat health support units from the Medical Force 2000 (MF2K) structure to the MRI Force Design Update, and to manage this conversion process in a manner that minimizes turbulence in the force, while maintaining unit readiness.

## *MRI Reserve Component Notes*

*By COL Allen Schmidt, MRI Coordinator*

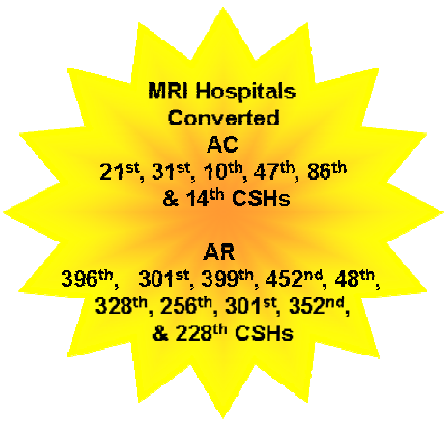
Things tend to change quickly in the Army Reserve and my assignment is no exception. By the time this newsletter is read, I will be assigned to the newly emerging Army Reserve Medical Command (AR-MEDCOM) as the Deputy Commander for Readiness. AR-MEDCOM will provide battle command for all Army Reserve medical units except 3rd MEDCOM. This new assignment doesn't take me very far from MRI activity because transformation is all about readiness and readiness could very well be the middle word in MRI. I will be replaced by MAJ Charlene Weingarten at the MRI office and will carry with me to AR-MEDCOM, oversight responsibilities for Army Reserve MRI actions.

It is important to acknowledge the great professional team working to implement MRI actions across the Army AMEDD. From the Program Director to the contract staff and across the organizations that have a part in the process of transforming the AMEDD, it is gratifying to witness the exceptional experience represented on this team coupled with the dedication and commitment to make each and every unit, detachment, and team successful in their efforts to transform to MRI. The MRI team also stays on the cut-

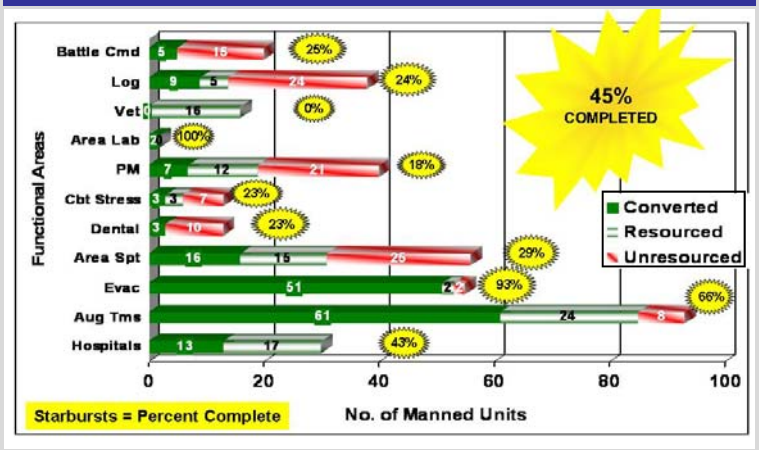
ting-edge of new information and lessons learned from current operations to anticipating developments in building the AMEDD future force. The "value- add" of this veteran, experience team to the future development of our medical force is partly due to their unique perspective brought into the discussion of force structure. MRI alone, among AMEDD agencies has the ability to regularly touch units (many with recent deployment experience) at the ground level during the conversion process and bring that understanding to participation in strategic-level discussions at the OTSG and DA staff levels. MRI actions span all three components of AMEDD as well as Army pre-positioned stocks (APS) and the training base. MRI's "body of knowledge" extends from pre-MF2K and pre-DEPMEDS to concepts beyond MRI, integrating past lessons-learned with new requirements for the future. With such a broad span of experience and knowledge, it is my hope to work closely with the MRI team to help build (in these turbulent times) the required readiness of the largest medical force in the Army, the Army Reserve AMEDD. From strategic planning through tactical application, this team impacts transformation actions now and in the future.

## *MRI Program Status*

As of September 2004, 45% (169 of 376 manned units) of the MRI TAA11 Force Structure converted to MRI. This is an eight percent increase from last , to include the conversion of eight Army Reserve hospitals. The starburst below depicts the total number of hospitals converted to MRI and the chart top right depicts the MRI conversion status for units in each of the 10 medical functional areas.




**MRI Conversion Status**
**(as of 30 September 2004)**




## *Transforming Medical Support to a Modular Army*

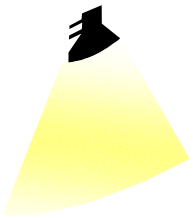
### *Modularizing the Force*

This article is quoted from the Army Medicine White Paper, 16 September 2004.

"Following Operation Desert Storm, the AMEDD identified the need for lighter, flexible, yet still capable, units to reduce the medical footprint in theater. The solution is the Medical Reengineering Initiative (MRI) unit redesign. Approximately 42 percent of all MRI unit activations and conversions will be completed by the end of fiscal year 2004. Army support in current and future Program Objective Memorandums (POM) is required to complete the reconfiguration. Building on the MRI design, further structural refinement is now underway via the process of Adaptive Medical Increments (AMI). This concept further reduces the size of deployable increments supporting the smaller troop concentrations in an expeditionary force. The desired end state will be modular medical units that are right-sized and require the least possible lift. To provide care to larger troop concentrations, AMI modules are being designed to incrementally increase unit capability. AMI is the tool that ensures MRI units are expeditionary and can support all levels of combat operations."

***"MRI is versatile as exemplified by unit designs that are modular, scalable and possess standardized medical capabilities that can be deployed around the globe."***

**The Surgeon General's Testimony to Senate Appropriations Committee (Defense), Second Session 108th Congress, 28 April 2004**



## In The Spotlight

### *Medical Organization Integrators*

Organization Integrators (OI) - Head of an organization integration team which manages the resourcing, documentation, fielding, and sustainment of functionally similar organizations as integrated packages assuring doctrinally aligned capabilities within resource constraints. The Medical OIs play a major role in the MRI program. The Medical OIs and staffs (as applicable) are located at Army G3, FORSCOM, USARC, ARNG and other MACOMs. This newsletter will feature the major duties and responsibilities of the FORSCOM Medical OI. Subsequent articles will feature the AR and ARNG MED OIs.

## *FORSCOM Med OI Major Duties:*

- Medical Organization Integrator managing the resourcing, documentation, fielding, and sustainment of 79 medical units assuring doctrinally aligned capabilities within resource constraints.
- Validates and prioritizes organizational and materiel requirements through coordination, integration, and synchronization of all aspects of Force Management.
- Participates in deliberate and crises action planning providing recommendations/alternatives for the resourcing and restructuring of the Army's medical unit force structure and force support packages.
- Ensure proper force mix of medical units to support Combatant Commander's OPLANs, contingencies, and crises response.
- Analyzes design alternatives and provides recommendations to modify medical unit designs to enhance organizational effectiveness, reflect doctrinal change, and adjust for new equipment fielding.

## *Pillars of Force Integration*

The MRIPIO, along with the MACOM, assess the nine pillars of force integration to determine a unit's ability to meet minimum DA standards for readiness prior to converting/ activating as MRI. Each of these pillars will be highlighted in subsequent newsletters. This newsletter will highlight stationing.

| Nine Pillars | |
|---|---|
| Structuring | Equipping |
| Training | Manning |
| Sustaining | Deploying |
| Stationing | Funding |
| Readiness | |

One of the major issues impacting the Commander responsible for converting or activating a new unit is an assessment of the impact of that new or reorganized unit on the infrastructure of the post, camp or station where that unit will be housed. Such imponderables as: orderly room space, CTA equipment requirements and storage, barracks space, and base operations support requirements must all be assessed and put into the stationing requirements equation. Stationing Timelines: Stationing actions require various timeline to implement. The longest timeline (5 years) involves planning for and executing major construction in conjunction with a stationing action, to include Military Construction Army (MCA) and non MCA projects. The table below, from AR 5-10, provides the best scenario timelines:

**Action timelines involving MCA:**

5 Years:
- Placement in command vision
- Initiate NEPA analysis
- Complete NEPA , submit AR 5-10 package
- Projected construction cost submitted

4 Years:
- Approved stationing action
- Design for 35% of MCA construction required

3 Years:
- Design for 100% of MCA construction required
- Construction contract award for MCA required

2 Years:
- Construction in progress for required MCA
- Concept plan submission

1 Year:
- Construction in progress for required MCA

**Action timelines involving non-MCA:**

12 Months:
- Stationing package submitted and approved
- Movement directive published/Permanent Orders published

6 Months:
- PCS orders published

3 Months:
- Advanced party moves/Cadre assigned E-date
- Move to main body

+2 Months:
- Rear detachment moves

Stationing planning factors the responsible Commander and installation should consider when preparing for an action or major conversion actions are: Army stationing guidance; operational considerations; Joint Service obligations; mobilization planning impacts; budget impact (operating accounts, procurement accounts, pay accounts); facilities impact; range availability; environmental impact; personnel implications (military and civilian); quality of life; timing; training (maneuver area, land acquisition impacts); statutory constraints and guidance; local community impact; area support responsibilities (AR 5-9); coordination; support to RC training; potential issues; military construction; housing; base support impact in BASOPS, family programs, environment, audio/ visual/base communications and real property maintenance; and other actions planned at the affected installation.

The Medical Reengineering Initiative Website http://mrimedforce.belvoir.army.mil provides a downloadable spreadsheet to assist the Commander in the assessment of many of the planning factors listed above. Remember, what you do now to effectively plan for a stationing action will ensure success even if you will not be in command 1-5 years from now.

# Updates & Activities

## *Clinical Operational Equipment Sets (COES) Status*

All original five COES sets have been built and four are stored at Sierra Army Depot (SIAD) and one stored at the Regional Training Site-Medical (RTS-Med, Ft McCoy as indicated below:

### Building of COES Sets

| Unit | Status |
|---|---|
| 396th CSH | Completed — stored at SIAD |
| 452nd CSH | Completed — stored at RTS-Med |
| 399th CSH | Completed — stored at SIAD |
| 48th CSH | Completed — stored at SIAD |
| 328th CSH | Completed — stored at SIAD |

### Warehouse Status

| Unit | Status | Date |
|---|---|---|
| 228th CSH | New Warehouse | Comp. |
| 48th CSH | New Warehouse | Oct 04 |
| 396th CSH | Leased Warehouse | Oct 04 |
| 452nd CSH | New Warehouse | Nov 04 |
| 352nd CSH | New Warehouse | Sep 04 |
| 399th CSH | New Warehouse | Oct 04 |
| 405th CSH | New Warehouse | Nov 04 |
| 328th CSH | Renovated Warehouse | Oct 04 |

In addition, the USARC Engineers have coordinated with the Louisville, KY, Corps of Engineers to design a COES Warehouse for units in the future. The design to build additional warehouses has been completed by the Louisville, KY Corps of Engineers.

## *The MACOM/MRI Unit Assistance Team*

The MRI Unit Assistance Team continues to visit units two and one years prior to their MRI activation/ conversion effective dates (EDATES). The MACOM led team just completed successful unit visits to Latham, NY and Hartford, CT. These visits have been instrumental in addressing issues and concerns pertaining to the nine pillars of force integration – structuring, equipping, training, manning, sustaining, deploying, stationing, funding and readiness. The Program Director thanks the Medical Organization Integrator for their support in making these visits a success. We welcome unit feedback for improving unit assistant visit activities.

## *Activities 1st Quarter (1 QTR) FY05)*

Several activities were scheduled for 1QTRFY05 regarding MACOM/MRI visits, NOT training, and USAMMA fielding as indicated below:

### MACOM/MRI Visits

| Date (2004) | Unit | Location | Remarks |
|---|---|---|---|
| 1-3 Oct | 405th CSH 804th Med Bde | Hartford, CT | Confirmed |
| 4-5 Oct | SERMC Conf | Ft Gordon, GA | Confirmed |
| 12-14 Oct | 1209th ASMD | Albuquerque,NM | Confirmed |
| 20-21 Oct | MC4 IPR | Gettysburg, PA | Confirmed |
| 21-23 Oct | 62nd Med Bde | Ft Lewis, WA | Confirmed |
| 24-27 Oct | AUSA Conv | Washington, DC | Confirmed |
| 26-28 Oct | 1077th ASMD | Salina, KS | Coordinating |
| 11-13 Nov | 1165th ASMD | Puerto Rico | Coordinating |
| 14 Nov | 369th CSH | Puerto Rico | Coordinating |
| 15-19 Nov | AMSUS Conv | Denver, CO | Confirmed |
| 18-20 Nov | 224th ASMC | Reisterstown, MD | Coordinating |
| 7-9 Dec | 285th ASMC | Toledo, OH | Coordinating |

### New Organization Training

| Date (2004) | Unit | Location | Remarks |
|---|---|---|---|
| 1-4 Oct | 330th CSH | Millington, TN | Confirmed |
| 15-17 Oct | 814th ASMD | Bismarck, ND | Confirmed |
| 24-26 Oct | 14th CSH | Ft Benning, GA | Confirmed |
| 1-10 Nov | All units | Ft Bragg, NC | Confirmed |
| 11-14 Nov | All units | Salinas, PR | Coordinating |

POCs at AMEDDC&S, Department of Training Support:

Mr. Don Begley, NOT Trainer, DSN 421-9237 or Commercial (210) 295-9237
Don.Begley@CEN.AMEDD.ARMY.MIL

### USAMMA Fielding

(Shipment of Materiel Only)

| Date (2004) | Unit | Location | Remarks |
|---|---|---|---|
| 16 Oct | 61st PM | Ft Campbell, KY | Planned |
| 16 Oct | 227th PM | Ft Lewis, WA | Planned |
| 16 Oct | 759th FST | Ft Bragg, NC | Planned |
| 16 Oct | 528th CSC Det | Ft Bragg, NC | Planned |

POC at USAMMA, Fielding Support Div:
DSN 343, Commercial (301)
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Patrick.Tavella@DET.AMEDD.ARMY.MIL
CPT Joseph Mrozinski, 619-7577
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Note: This schedule is tentative and subject to change.

## Future Newsletter Topics

- MACOM Med OIs
- New Organization Training
- Pillars of Force Integration
- MRI and Task Force Medical Initiatives

***"The MRI organizational force design update provides medical functionality supporting Army Focused Areas of Modularity, Joint Expeditionary Mindset and Focused Logistics."***

**U.S. Army MEDCOM Commander's Narrative Assessment, FY06-11 Army Program Objective Memorandum**

## *Give Us Your Feedback…*

We hope that this fourth publication of the MRI Newsletter provided useful information to you about the MRI Program and associated activities. Please forward your feedback on this issue and topics you desire to see in future MRI Newsletters to: kenneth_e_spencer@belvoir.army.mil.

Also, refer to the MRI Points of Contact, MRI Website URL and MRI-Knowledge Collaboration Center for additional information.

## *MRI Points of Contact*

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Mr. Joseph Ratzman, Logistics Analyst (FORSCOM), 464-6852,
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## *MRI Website*

The URL for the website is:
http://mrimedforce.belvoir.army.mil

## *MRI Knowledge Collaboration Center (KCC)*

To request access, submit email to:

- George.shultz@us.army.mil
- Phone: (703) 806-0652
- DSN: 656-0652
- Include your AKO Login ID

**Disclaimer: This Newsletter is a consolidation of information from various stakeholders in the MRI Program. It does not reflect official DA or DOD policy.**